Erie St. Clair **LHIN**
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Erie St. Clair Local Health Integration Network Annual Report 2010–2011

FOR THE YEAR ENDING MARCH 31, 2011

Ontario

Erie St. Clair Local Health Integration Network

Réseau local d'intégration des services de santé d'Érié St. Clair

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MESSAGE FROM THE CHAIR

It is with great pride that I report on my final year as Board Chair for the Erie St. Clair LHIN. When LHINs were formed in 2005, wait times, accountability, local decision-making and community engagement were all new concepts. These changes promised to improve health care across the province. And they are.

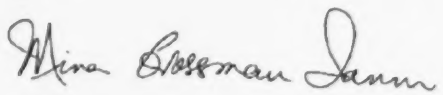
Before we began our work, people in our region were waiting approximately 355 days to regain their quality of life through knee replacement surgery. Currently, that number has been reduced to 130 days, which is the best wait time in Ontario. Other wait time improvements have been made, including:

- MRI scan: improved by 35 per cent (#1 in Ontario)
- CT scan: improved by 45 per cent (#3 in Ontario)
- Cataract surgery: improved by 13 per cent (#1 in Ontario)

Like the wait time strategy, accountability agreements are helping us to better measure health care performance and get better results for our local residents. All funded health service providers have agreements in place, making local health care more accountable to the people they serve.

Improving our performance can only happen when decisions are informed by those working on the front line and in the community. I am proud to say that our LHIN not only values community input and collaboration, it is the key to our success. Meeting with families and caregivers or working with physicians, front-line staff and administrators is how progress happens. This is the work of the LHIN, and this can only be done through local decision-making and local engagement.

I am happy to have played my role in improving local health care and I finish my term knowing that great strides have been made. However, there is so much more to do. In passing the torch to Dave Cooke, the new Erie St. Clair LHIN Chair, I know that the LHIN's commitment to local health care, and getting results for the people it serves, will continue.



Mina Grossman-Ianni
Chair

INTRODUCTION TO THE ERIE ST. CLAIR LHIN

The Erie St. Clair Local Health Integration Network (ESC LHIN) is one of 14 LHINs across Ontario. Like all LHINs, we are a community-based, not-for-profit organization funded by the Ministry of Health and Long-Term Care with a mandate to plan, fund and co-ordinate over $1 billion in health care services annually.

The health care delivered in Erie St. Clair is planned locally and based on the input and participation of local communities in order to meet local needs. It is guided by a board of local decision-makers.

Here, as elsewhere in Ontario, LHIN-funded services are delivered by:

- Hospitals
- Long-Term Care Homes
- Community Care Access Centres
- Community Support Service Agencies
- Mental Health and Addiction Agencies
- Community Health Centres

POPULATION PROFILE (2006 CENSUS, STATISTICS CANADA)

COMMUNITY	POPULATION	LARGEST URBAN CENTRE	PROFILE	
Windsor/Essex	393,400	Windsor	Francophone: Immigrant: Senior: Aboriginal:	3.6% 22.4% 13.3% 1.6%
Chatham-Kent	108,590	Chatham	Francophone: Immigrant: Senior: Aboriginal:	3.0% 10.1% 15.9% 2.5%
Sarnia/Lambton	128,205	Sarnia	Francophone: Immigrant: Senior: Aboriginal:	2.5% 11.6% 16.9% 4.6%
Erie St. Clair	630,195	N/A	Francophone: Immigrant: Senior: Aboriginal:	3.3% 18.1% 14.5% 2.4%
Ontario	12,160,287	N/A	Francophone: Immigrant: Senior: Aboriginal:	4.4% 28.3% 13.5% 2.0%

POPULATION HEALTH PROFILE

The health service needs of Erie St. Clair residents are significantly different from those of Ontario as a whole. Compared to the Ontario average, Erie St. Clair has:

- a higher proportion of seniors
- a lower proportion of individuals in the 25 to 39-year age group
- a significantly higher incidence of overweight and obese individuals
- a slightly higher proportion of individuals with poor lifestyle habits, such as smoking, drinking, poor nutrition and inactivity
- significantly higher rates of chronic conditions such as cardiovascular diseases, cerebrovascular diseases, diabetes, high blood pressure, chronic obstructive pulmonary disease (COPD) and arthritis
- significantly higher rates of hospitalization, potential years of life lost, and death due to higher rates of tumours and circulatory disease

SERVICE AREA

**Note: not all First Nations communities participated in the 2006 census. As a result, exact percentages and figures are not available.*

The ESC LHIN serves Chatham-Kent, Sarnia/Lambton and Windsor/Essex, an area with a population of approximately 630,000 people. Although these regions are independent, each with unique qualities, they also share many commonalities.

The Erie St. Clair region is surrounded by the Great Lakes. The area's urban-rural mix is economically dependent upon the agricultural, petrochemical and automotive industries. Having American neighbours not only influences our local economy and trade, but also impacts the use and perception of health care.

Of the total LHIN population, approximately 15,000* individuals, or 2.4 per cent, identify themselves as Aboriginal, with the highest proportion residing in Sarnia/Lambton. The francophone population, which represents 3.3 per cent of the LHIN population, is dispersed across the region. The francophone population is older than the general population, with an average age of 48 compared to 39 overall. Approximately 55 per cent live in urban areas as compared to 45 per cent in rural areas.

INTEGRATED HEALTH SERVICE PLAN IMPLEMENTATION

Our Integrated Health Service Plan (IHSP) states five strategic integration directions for the next three years. Its purpose is to improve local health care outcomes by enhancing health care delivery through the better integration of service planning.

THE FIVE IHSP STRATEGIC DIRECTIONS FOR 2010–2013 ARE:

- Improved outcomes in emergency department care
- Improved outcomes in alternate level of care
- Improved outcomes in diabetes management/chronic disease management
- Improved outcomes in mental health and addictions
- Improved outcomes in rehabilitation care and interventions

Success was achieved in a number of key areas in 2010-2011, including:

DIABETES

Together with the Ontario Diabetes Strategy, the ESC LHIN assisted in establishing a new Diabetes Regional Co-ordination Centre (RCC). To promote greater continuity and integration of diabetes care, the RCC administrator was named co-chair of the ESC LHIN Diabetes Regional Advisory Network. Additionally, as part of the roll out of this initiative, the RCC established an office at the Windsor Family Health Team site.

ALTERNATE LEVEL OF CARE & EMERGENCY DEPARTMENT CARE

In August 2010, the Assess and Restore pilot project was launched to provide restorative care to frail elderly patients in hospitals and in the community. The goal of the program is to rehabilitate seniors so they can safely return home after a hospitalization. Additionally, the project supports improvements in Alternate Level of Care (ALC).

Leamington District Memorial Hospital (LDMH) and the Erie St. Clair Community Care Access Centre (CCAC) partnered in the pilot project to create a 10-bed intermediate care unit at LDMH and in-home resettlement services to support patients once discharged from the hospital.

With the success at LDMH, Assess and Restore was expanded to Hôtel-Dieu Grace Hospital in Windsor where a 16-bed unit opened in January 2010. The ESC LHIN is planning future expansions, including a new unit at Chatham-Kent Health Alliance in 2011.

MENTAL HEALTH & ADDICTIONS

Planning continued for the transfer of 59 regional mental health care beds from St. Joseph's Health Care, London, to Windsor Regional Hospital. Final preparations are now going forward, including the transfer of operating funds and resources.

The move will improve access to mental health care closer to home – a need voiced by community members, physicians and health care workers through local community engagement.

The new mental health care beds are expected to be ready in the fall of 2011 and will be housed at the new facilities currently under construction at the Western Campus of Windsor Regional Hospital.

Additionally, a review of community mental health services is being completed to identify opportunities for integration and to better align future programming with the Ministry-LHIN Accountability Agreement.

REHABILITATION

The Rehabilitation Advisory Network is in the early stages of defining a future vision and delivery model that will guide the initiative through the next several years. The goals being pursued under this process include making rehabilitation services easier to access and more focused on patients' needs.

Rapid Response Chronic Disease Management Teams were initiated LHIN-wide. The teams are currently focused on providing rehabilitation care to clients with COPD and will expand to include congestive heart failure.

In the coming year, the Erie St. Clair LHIN will focus on the following:

- Completion of the transfer of regional mental health beds, from London to Windsor
- Review of rehabilitation services
- Continued development of outreach teams (palliative and chronic disease)
- Investment in long-term care beds
- Development and integration of local Community Health Centres
- Enhancements in primary care, including the expansion of Diabetes Education Teams
- LHIN-wide clinical services review
- Better co-ordination of hospital and community services
- Improved health care outcomes for francophone and aboriginal communities

INTEGRATION ACTIVITIES

The following formal integration was approved by the ESC LHIN in 2010-2011:

Hôtel-Dieu Grace Hospital in Windsor and Leamington District Memorial Hospital became members of Consolidated Health Information Services (CHIS) in order to share information technology, better align with the eHealth strategy and achieve efficiencies through shared information technology management with the other ESC LHIN hospitals.

COMMUNITY ENGAGEMENT

The Community Engagement Guidelines and Toolkit were implemented by all LHINs in February 2011 to promote standardization and best practices, and improve accountability. They outline requirements for an external review committee, an annual community engagement plan, and for including results in each LHIN's annual report.

These annual community engagement plans, posted to LHIN websites on April 29, 2011, provide the public with information on upcoming engagement activities and goals, and how the community can expect to participate. The LHIN Community Engagement Guidelines and Toolkit is also available to the public online.

ABORIGINAL ENGAGEMENT

The ESC LHIN has a Local Aboriginal Health Planning Entity that works in partnership with LHIN staff to implement initiatives to improve health outcomes for local Aboriginal and First Nations people.

The planning group placed special focus on the areas of diabetes, mental health and addictions and has already laid the groundwork for a strategic plan addressing these concerns.

At the annual ESC LHIN Conference (Quest for Quality), a speaker educated health care stakeholders on aboriginal culture and its implications for health care.

FRANCOPHONE ENGAGEMENT

A French Language Services Co-ordinator was hired at the ESC LHIN in July 2010. Research was conducted on the francophone population and the availability of health services in French. The French Language Services Committee met regularly to discuss priorities and provide advice.

In December 2010, the government of Ontario announced the French Language Health Planning Entity that will serve the ESC and South West LHINs. Its role will be to advise on methods of engaging the francophone community, identifying its health needs and priorities, and strategies to improve access, accessibility and integration of French-language health services. An accountability agreement between both LHINs and the planning entity was signed in March 2011.

The ESC LHIN held a workshop on "Engaging Francophone Communities in Ontario." It helped raise awareness of the francophone population's characteristics and provided tools for engagement.

COMMUNITY ENGAGEMENT INITIATIVES (April 1, 2010 - March 31, 2011)

	Total Participants	Frequency	Format	Content	Outcome
GOVERNANCE	91	14	Open Board Meetings	Monthly meetings of the Board to address the governance of ESC LHIN and other matters.	Open Board meetings are an opportunity for the public to learn about local health care.
	208	12	Governance Advisory Council Meetings	Tri-County Councils with governance representatives from all funded health service providers.	Council improves collaboration among health service provider boards.
	N/A		Board Meeting Open Education Session	Presentations made to the ESC LHIN Board of Directors as part of an education session.	Education sessions are an opportunity for the public to learn about local health care.
	1	3	Board Meeting Open Mic	Members of the public can address the ESC LHIN Board of Directors in an open mic session at monthly board meetings (launched January 2011).	Relevant issues or questions raised to the ESC LHIN Board and direct engagement with community members.
	N/A	11	Board Meeting Highlights	Highlights of information and decisions from open Board distributed and posted online.	Increased awareness of Board activities and media coverage of important matters.
PLANNING & INTEGRATION	16	4	Diabetes Regional Advisory Network	Provider and stakeholder-based networks providing support for system planning and integration.	Supported implementation of the Regional Co-ordination Centre and the creation of new Diabetes Education Teams.
	14	3	Emergency Department (ED) /Medical Advisory Network		Reviewed best practices to ensure ED wait times are reduced and patient experiences improved.
	18	3	End-of-Life Care Advisory Network		Improved end-of-life-care through data analysis and outcome/performance measurement.
	14	3	Long-Term Care / Community Support Services Advisory Network		Reviewed effectiveness of health care programs and ensured performance targets are met.
	15	3	Mental Health & Addictions Advisory Network		Supported the transfer of tertiary mental health beds from South West LHIN to ESC LHIN.
	19	4	Rehabilitation Advisory Network		Proposed a process to create a vision and model for rehabilitation care in Erie St. Clair.
	16	1	Surgical Advisory Network		Reviewed chronic pain management services and proposed new regional Chronic Pain Management Assessment /Referral Service.
	13	4	Health Professionals Advisory Committee	Members provide insights on health service delivery/human resources and promotion.	Provided feedback for the CEEH ED Reference Panel report.
	133	3	Sarnia/Lambton Performance Forum	Regional health service provider and stakeholder meetings to improve integration and collaboration in health services.	Supported greater integration among health service providers, leading to better access to care in health services for clients.
	106	2	Chatham-Kent Performance Forum	Regional health service provider and stakeholder meetings to improve integration and collaboration in health services.	Supported greater integration among health service providers, leading to better access to care for clients.
	18	3	Tier II & III Mental Health System Redesign Task Force	Task Force of ESC LHIN provider agencies to plan for the divestment of regional mental health services.	Led detailed planning for transfer of tertiary mental health beds from South West LHIN to ESC LHIN.
	20	4	Primary Health Care Task Group	Task group recruited to review primary health care services available throughout Erie St. Clair and make recommendations on possible improvements.	Began development of a navigation tool for primary care, targeted at COPD

COMMUNITY ENGAGEMENT (continued)

	Total Participants	Frequency	Format	Content	Outcome
CHARLOTTE ELEANOR ENGLEHART HOSPITAL (CEEH) EMERGENCY DEPARTMENT (IN PETROLIA)	12	11	CEEH Reference Panel	Included community members, physicians and health care professionals to explore options for maintaining 24/7 ED services at CEEH.	Report to the ESC LHIN Board resulted in the support for CEEH using HealthForceOntario to maintain 24/7 ED services.
	400	1	Community Forum	Town hall meeting to educate the public and get input on maintaining 24/7 ED services at CEEH.	Input gathered and used to support final recommendations made regarding maintaining 24/7 ED services at CEEH.
	10	1	Long-Term Care Home and Community Provider Engagement	Health service provider consultation to provide education and obtain input on maintaining 24/7 ED services at CEEH.	
	20	1	CEEH ED Staff and Physician Engagement	Consultation to provide education and obtain input on maintaining 24/7 ED services at CEEH.	
	10	N/A	Website Community Input Form	Posted form to collect input on maintaining 24/7 ED services at CEEH.	
	17	1	Community Input Box	Placed at Petrolia Town Hall to collect input on maintaining 24/7 ED services at CEEH.	
	15,000	1	Direct Mail Information Sheet	Direct mail provided to residents in the immediate service area of CEEH.	Community was informed on the issues impacting CEEH and notified of public consultations.
PHYSICIANS	48	3	Ontario Medical Association / LHIN Engagement Sessions	Engagement sessions to provide physicians updates on local health care initiatives and receive feedback.	Local relationships built with physicians and information exchanged to improve access to care.
FRANCOPHONE	10	4	Comité action santé d'Erié St-Clair	Committee of local francophone stakeholders.	Set regional priorities and surveyed ED patients on language preferences for receiving health care services .
	29	1	Francophone Community Engagement Workshop	A workshop with Healthy Community Consortium provided education to health care professionals on engaging the francophone community.	Participants' knowledge of francophone needs improved, as well as understanding of effective engagement strategies.
ABORIGINAL	17	3	Local Aboriginal Health Planning Committee	A committee of local aboriginal health care professionals, stakeholders and ESC LHIN staff.	Provided input regarding initiatives focused on improved health care for the aboriginal population.
MEDIA	N/A	51	News Releases	Communications related to funding announcements and other relevant matters.	Media and public were better informed of ESC LHIN initiatives.
WEBSITE	47,221	N/A	Visits	Total number of visitors using the ESC LHIN website as a source of information.	Increased the visibility and transparency of the ESC LHIN and engaged the community with interactive content.
	156,481	N/A	Page Views	Total number of pages viewed by visitors to the ESC LHIN website.	
FACEBOOK	137	N/A	"Likes"	Total number of ESC LHIN Facebook posts viewed and acknowledged by viewers through the "Like" function.	Increased the visibility and transparency of the ESC LHIN and engaged the community with interactive content.

WHAT IS THE MINISTRY-LHIN ACCOUNTABILITY AGREEMENT?

The Ministry-LHIN Accountability Agreement (MLAA) sets out the obligations of Ministry of Health and Long-Term Care (MOHLTC) and the ESC LHIN to fulfill their mandate to plan, integrate and fund local health care services.

Developing and updating this accountability agreement is a collaborative process that defines the relationship between MOHLTC and the ESC LHIN and helps us strengthen local health care.

REPORT ON MLAA PERFORMANCE INDICATORS CHART

PERFORMANCE INDICATORS	LHIN 10/11 STARTING POINT	LHIN 10/11 PERFORMANCE TARGET	MOST RECENT 2010/11 LHIN PERFORMANCE	% FROM TARGET FOR MOST RECENT QUARTER	2010/11 LHIN ANNUAL RESULT
Top provincial performances were achieved on many LHIN performance indicators. Although there is still work to do in achieving these targets, for many months the ESC LHIN led the province in ED wait times for complex non-admitted patients, as well as wait times for MRIs, cancer surgery and cataract surgery. The ESC LHIN has been successful at impacting many of the indicators with Aging-at-Home funding, Urgent Priority funding, Wait Times funding and in-year reallocations. LEAN processes have also improved efficiency within health service providers.					
90th Percentile Wait Times for Cancer Surgery (in days)	48	48	45	-6.3%*	45
ESC LHIN continues to work closely with the Windsor Regional Cancer Centre, which is a high performer within the province.					
90th Percentile Wait Times for Cardiac Surgery (in days)	NA	NA	NA	NA	NA
This service is not available within the ESC LHIN. The area's residents typically access this care in the South West LHIN.					
90th Percentile Wait Times for Cataract Surgery (in days)	56	56	64	14.3%	64
Hôtel-Dieu Grace Hospital continues to be recognized as a top provincial performer for cataract surgery wait times due to its circular flow and LEAN processes. This model has been used at other hospitals throughout the ESC LHIN to improve efficiency.					
90th Percentile Wait Times for Hip Replacement (in days)	132	132	148	12.1%	121
The ESC LHIN continues to meet provincial targets for hip and knee replacements. Collaboration continues between physicians and hospital staff to improve scheduling and reduce wait times for these surgeries.					
90th Percentile Wait Times for Knee Replacement (in days)	142	142	122	-14.1%*	130
Same as Hip Replacement, see above.					
90th Percentile Wait Times for Diagnostic MRI Scan (in days)	70	28	58	107.1%	59
ESC LHIN is a top provincial performer for MRI wait times. LEAN initiatives have maximized efficiency of the area's MRIs. Additional operating hours were funded by the Wait Times Office, further supporting wait-time reduction.					
90th Percentile Wait Times for Diagnostic CT Scan (in days)	26	26	27	3.8%	28
Rapid booking processes, additional scan time and ensuring standardized prioritization of cases has reduced wait times and achieved targets.					

REPORT ON MLAA PERFORMANCE INDICATORS CHART (continued)

PERFORMANCE INDICATORS	LHIN 10/11 STARTING POINT	LHIN 10/11 PERFORMANCE TARGET	MOST RECENT 2010/11 LHIN PERFORMANCE	% FROM TARGET FOR MOST RECENT QUARTER	FY 2010/11 LHIN ANNUAL RESULT
Percentage of Alternate Level of Care (ALC) Days**	10.85%	9%	14.51%	61.2%	13.24%

The following pressures impacted ALC performance in Windsor/Essex:

- the closing of one long-term care (LTC) home and the resulting overlap in the transitioning of residents into their new home
- major flooding of Banwell Gardens LTC home causing the emergency relocation of residents
- delays in the construction of a new LTC home

ALC rates in Chatham-Kent and Sarnia/Lambton remained stable in 2010-2011.

Assess and Restore programs at Hôtel-Dieu Grace Hospital and Leamington District Memorial Hospital, CCAC resettlement services, assistive living expansions and activation teams have improved ALC performance and decreased hospital length of stay.

End-of-Life Outreach teams have supported people in their wish to die at home, in the comfort of their own surroundings. Additionally, Geriatric Emergency Management (GEM) nurses and CCAC case managers in the emergency departments have also been successful at linking patients to appropriate community services.

Additional strategies included:

- Opening of 60 new interim LTC beds at Leamington Court Retirement Home
- Funding for 20 new complex continuing care beds at Windsor Regional Hospital
- Purchase and implementation of Medworxx Clinical Utilization tool to better manage patient flow with real-time data
- Geriatric Mental Health Outreach Teams focused on patients with dementia
- Conversion of under-utilized LTC respite beds into long-stay beds
- Process Improvement Plan University
- Daily hospital discharge bullet rounds

The ESC LHIN continues to look for sustainable solutions to ALC consistent with a Home First philosophy.

90th Percentile ER Length of Stay (LOS) for Admitted Patients (in hours)	18.5	17	24.23	42.5	23.32

A rise in ALC lengthened ED wait times for admitted patients for whom beds were not immediately available. Pay-for-Performance funding and ED Performance Improvement Plans resulted in more CT scan time for the ED, hiring of flow co-ordinators, ED Admissions Teams, registration improvements and increased triage nursing.

90th Percentile ER LOS for Non-Admitted Complex (CTAS*** I-III) Patients (in hours)	6.8	6.5	7.17	10.3	7.13

As bed pressures developed in Windsor/Essex, monitoring of non-admitted complex patients also increased. To assist in lessening the impact from bed pressures, the following were implemented:

- flow co-ordinators
- nurse practitioners
- physician assistants
- increased ultrasound time
- creation of a medical admissions unit
- registration improvement initiatives
- increased triage nursing

90th Percentile ER LOS for Non-Admitted Minor Uncomplicated (CTAS*** IV-V) Patients (in hours)	4.3	4	4.25	6.3	4.32

ED Pay-for-Results funding and ED Performance Improvement Plans helped create fast track areas while nurse practitioners and flow nurses were effective at managing low acuity non-admitted patients in emergency departments.

Repeated Unplanned Emergency Visits within 30 Days for Mental Conditions****	14.5%	12.5%	15.75%	26%	16.45%

A review of patient charts was undertaken to better assess the needs of the moderately mentally ill. Also, high-risk youth who frequent the ED are being assessed through a joint initiative between the Ministry of Child and Youth Services and the ESC LHIN.

Repeated Unplanned Emergency Visits within 30 Days for Substance Conditions****	19%	16.1%	18.18%	12.9%	19.16%

REPORT ON MLAA PERFORMANCE INDICATORS CHART (continued)

PERFORMANCE INDICATORS	LHIN 10/11 STARTING POINT	LHIN 10/11 PERFORMANCE TARGET	MOST RECENT 2010/11 LHIN PERFORMANCE	% FROM TARGET FOR MOST RECENT QUARTER	2010/11 LHIN ANNUAL RESULT
To reduce ED visits, addiction-care providers were trained in overdose prevention. Residential treatment programs were improved with the addition of withdrawal management services, as well as psychiatric assessments.					
Readmission within 30 Days for Selected Case Mix Groupings (CMGs)****	15%	12.8%	14.77%	15.4%	15.31%

The Erie St. Clair region has one of the highest levels of chronic disease, particularly COPD and cardiovascular conditions. To improve management of these conditions, promotion of the Health Care Connect program has been effective in linking over 5,000 patients with a family doctor or nurse practitioner.

Rapid Response Chronic Disease Management Teams have been developed to provide care to COPD patients and there are plans to expand this care to congestive heart failure patients. Rehab services were also provided by outreach teams as a part of this program.

The Chatham-Kent Community Health Centres are expanding their Rapid Response Chronic Disease Management Team to Wallaceburg and Walpole Island to provide stronger chronic disease management and increased primary care for these communities.

GEM nurses provide linkages to these programs directly from emergency departments, and nurse-led outreach teams in long-term care homes are helping to decrease readmissions for these chronic diseases.

[F] *A negative percentage means that the target has been met*

** *FY 2010-2011 is based on only three quarters of data (Q1-Q3 2010-2011) due to availability*

*** *Canadian Triage and Acuity Scale*

**** *FY 2010-2011 is based on only two quarters of data (Q1-Q2 2010-2011) due to availability*

OPERATIONAL PERFORMANCE

The ESC LHIN has completed its fourth year of full funding authority for the 85 health service providers that fall under its jurisdiction. The funding is detailed in the statement of financial activities.

The ESC LHIN completed the year with a balanced budget. Additional funding was received from the MOHLTC for specific projects, including:

- continuation of the Erie St. Clair eHealth Strategy with the addition of three one-time eHealth projects
- creation and support of a new French Language Health Planning Entity
- funding for aboriginal engagement

Three individuals serve the ESC LHIN as representatives in key areas as directed by the MOHLTC. Dr. Eli Malus continued as the Critical Care Lead, Dr. David Ng continued as the Emergency Department Lead and Steven Banyai continued in the role of eHealth Lead.

AGING AT HOME, YEAR THREE

The ESC LHIN continued to improve services to better support the health and independence of seniors through the Aging-at-Home Strategy. The following are new programs funded in 2010/11, the third year of the strategy.

INITIATIVE	ORGANIZATION	FUNDING
ANNUALIZED FUNDING:		
End-of-Life Care Team - Windsor/Essex	Erie St. Clair Community Care Access Centre	$500,000
Rapid Response Chronic Disease Management Teams - ESC LHIN wide	Windsor Essex Community Health Centre	$392,508
	Chatham-Kent Community Health Centre	$459,164
	Grand Bend and Area Community Health Centre	$369,164
	North Lambton Community Health Centre	$459,164
Geriatric Mental Health Outreach Team expansions - ESC LHIN wide	Canadian Mental Heath Association, Lambton Kent Branch	$40,000
	Chatham-Kent Health Alliance	$40,000
	Windsor Regional Hospital	$170,000
Falls Prevention Program: included regional co-ordinator and grab bars - Windsor/Essex	Windsor Essex Community Health Centre	$157,028
Falls Prevention Programs: includes grab bars - Chatham-Kent, Sarnia/Lambton	Chatham-Kent Community Health Centre	$96,425
	North Lambton Community Health Centre	$61,374
	Grand Bend and Area Community Health Centre	$58,773
First Link Program - ESC LHIN wide	Alzheimer Society of Chatham-Kent	$150,000
	Alzheimer Society of Sarnia Lambton	$75,000
	Alzheimer Society of Windsor and Essex County	$75,000
Co-ordinated Dialysis Transportation Services - Windsor/Essex	Community Support Centre of Essex County	$200,000
Ambulation Teams - ESC LHIN wide	Bluewater Health	$177,036
	Chatham-Kent Health Alliance	$177,036
	Hôtel-Dieu Grace Hospital	$291,854
	Windsor Regional Hospital	$291,854
	Leamington District Memorial Hospital	$62,220
Caregiver Support and Respite - Sarnia/Lambton	Alzheimer Society of Sarnia Lambton	$90,000
Geriatric Emergency Management (GEM) Nursing Expansions - ESC LHIN wide	Windsor Regional Hospital	$14,000
	Hôtel-Dieu Grace Hospital	$14,000
	Leamington District Memorial Hospital	$14,000
	Chatham-Kent Health Alliance	$14,000
	Bluewater Health	$14,000
ONE-TIME FUNDING:		
Supportive Housing for Frail Seniors - Windsor/Essex	Association for Persons with Physical Disabilities of Windsor and Essex County	$200,000
Emergency Response	Leamington Mennonite Home	$45,000
Malden Park Continuing Care Centre Interim Long-Term Care Beds	Windsor Regional Hospital	$1,600,000
Co-ordinated Dialysis Transportation Services - Windsor/Essex	Community Support Centre of Essex County	$100,000

AGING AT HOME, YEAR THREE (continued)

INITIATIVE	ORGANIZATION	FUNDING
Slow Stream Rehab - Chatham-Kent, Sarnia/Lambton	Chatham-Kent Health Alliance	$450,000
	Bluewater Health	$450,000
Respiratory Educators Certification: Rapid Response	Windsor Essex Community Health Centre	$4,000
Rapid Response Chronic Disease Management Teams	Chatham-Kent Community Health Centre	$12,000
- ESC LHIN wide	North Lambton Community Health Centre - West Lambton Site	$4,000
	Grand Bend and Area Community Health Centre	$4,000
Palliative Care Beds: Chatham-Kent	Chatham-Kent Health Alliance	$100,000
Complex Continuing Care Bed Implementation: Chatham-Kent	Chatham-Kent Health Alliance	$273,970
Interim Long-Term Care Beds: Windsor/Essex	Allegro Residences	$1,474,165
TOTAL APPROVED FUNDING FOR AGING AT HOME, YEAR THREE		**$9,011,135**

URGENT PRIORITIES FUND

The ESC LHIN received $2.5 million from the MOHLTC to be directed, at the discretion of the ESC LHIN, toward urgent priorities. A total of 19 programs were approved as one-time expenditures.

The funding allocations were divided into two categories: ALC ($1.6 million) and community-based program funding ($900,000).

INITIATIVE	ORGANIZATION	FUNDING
Van Replacement	Hospice of Windsor and Essex County Inc.	$35,000
Windsor Allergy Asthma Education Centre Education Material	Windsor Regional Hospital	$20,000
Caregiver Support Program: social worker	Alzheimer Society of Windsor and Essex County	$45,000
Addiction Counselling Program: Salvation Army	Canadian Mental Health Association, Windsor/Essex County Branch	$80,000
Family Support and Respite Program	Association for Persons with Physical Disabilities of Windsor and Essex County	$80,000
Wheelchair Accessible Van	Centres for Seniors, Windsor	$57,000
Alzheimer Society Compensation Review: Human Resources Recruitment and Retention Planning (South West and ESC LHIN)	Alzheimer Society of Windsor and Essex County	$20,000
Increased Extenuating Circumstances Home Care	Erie St. Clair Community Care Access Centre	$787,000
Windsor/Essex Hospitals Labour Relations Integration	Windsor Regional Hospital	$60,000
Malden Park Conversion: start-up costs	Windsor Regional Hospital	$350,000

URGENT PRIORITIES FUND (continued)

INITIATIVE	ORGANIZATION	FUNDING
Palliative Care Transition Nurse Practitioner	Hôtel-Dieu Grace Hospital	$90,000
Decision-Making Tool: Primary Health Care Task Group	Grand Bend and Area Community Health Centre	$50,000
Wellness Program for Extended Psychosis	Windsor Regional Hospital	$100,000
Assess and Restore Unit Renovations	Hôtel-Dieu Grace Hospital	$150,000
Interventional Angiography	Hôtel-Dieu Grace Hospital	$300,000
Congregate Dining	Windsor Essex Community Health Centre	$22,000
Operational Supplies	Family Counselling Centre	$2,200
Arthoplasty Services	Hôtel-Dieu Grace Hospital	$190,000
Resettlement Program	Hôtel-Dieu Grace Hospital	$80,000
Meals on Wheels Integration	St. Andrew's Residence - Meals on Wheels Chatham Inc.	$9,572

BOARD OF DIRECTORS

	DIRECTOR	POSITION	LOCATION	TENURE
	Mina Grossman-Ianni	Chair	Amherstburg	• June 1/05 - May 31/08 • Resigned/Revoked December 13/05 • April 2/08 - April 1/11 (Re-appointment)
	David Wright	Vice-Chair	Forest	• June 1/05 - May 31/08 (Director) • May 17/06 - May 31/08 (Vice Chair) • (Acting Chair August 16/06 - April 1/08) • June 2/08 - June 1/11 (Director & Vice-Chair) (Re-appointment)
	Leland J. Martin	Director/Member Secretary	Petrolia	• January 5/06 - January 4/08 • January 5/08 - January 4/11 (Re-appointment)
	Gary Parent	Director/Member	LaSalle	• May 17/06 - May 16/08 • May 17/08 - May 16/11 (Re-appointment)
	Howard Pawley	Director/Member	Windsor	• May 17/06 - June 16/07 • June 17/07 - June 16/10 (Re-appointment)
	Lynn McGeachy Schultz	Director/Member	Chatham	• January 10/08 - January 9/11 • January 09/11 - January 10/14 (Re-appointment)
	Merilyn Allison	Director/Member	Chatham	• January 13/10 - January 12/13
	Mike Lowther	Director/Member	Chatham	• October 6/10 - October 5/13
	Patrick (Pat) O'Malley	Director/Member	Bright's Grove	• October 27/10 - October 26/13
	Dave Cooke	Director/Member	Windsor	• February 7/11 - February 6/14
	Barbara Bjarneson	Director/Member	Windsor	• February 9/11 - February 8/14

Financial statements of

Erie St. Clair Local Health Integration Network

March 31, 2011

Management Responsibility Report

The management of the Erie St. Clair Local Health Integration Network (LHIN) is responsible for preparing the accompanying financial statements in conformity with generally accepted accounting principles. In preparing these financial statements, management selects appropriate accounting policies and uses its judgement and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly, in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

The LHIN maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with the LHIN's policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit Committee. The Committee meets approximately four times annually to review audited and unaudited financial information. Deloitte & Touche LLP has full and free access to the Audit Committee.

Management acknowledges its responsibility to provide financial information that is representative of the LHIN's operations, is consistent and reliable, and is relevant for the informed evaluation of the LHIN's activities.

Mr. Gary Switzer
Chief Executive Officer

Mr. Matthew Little, CMA
Director, Corporate Services and Controller

May 1, 2011

Erie St. Clair Local Health Integration Network

March 31, 2011

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Independent Auditor's Report

To the Members of the Board of Directors of the
Erie St. Clair Local Health Integration Network

We have audited the accompanying financial statements of Erie St. Clair Local Health Integration Network, which comprise the statement of financial position as at March 31, 2011, and the statements of financial activities, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Erie St. Clair Local Health Integration network as at March 31, 2011 and the results of its financial activities, changes in net debt and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 24, 2011

Erie St. Clair Local Health Integration Network

Statement of financial activities
year ended March 31, 2011

	Budget (Unaudited) (Note 6)	2011 Actual	2010 Actual
	$	$	$
Revenue			
MOHTLC funding			
HSP transfer payments (Note 7)	**936,978,823**	**1,004,975,091**	952,882,369
Operations of LHIN	**4,295,080**	**4,486,383**	4,388,226
E-Health (Note 9a)	-	**1,287,000**	600,000
Aboriginal Health Transformation Fund (Note 9b)	-	-	126,500
Emergency Department Lead (Note 9c)	-	**75,000**	75,000
Critical Care Lead (Note 9d)	-	**75,000**	-
Diabetes Fund (Note 9e)	-	**35,000**	25,000
French Language Services Fund (Note 9f)	**35,558**	**35,558**	36,942
French Language Health Planning Entities Fund (Note 9g)	-	**144,424**	-
Amortization of deferred capital contributions (Note 4)	**29,243**	**44,574**	230,825
	941,338,704	**1,011,158,030**	958,364,862
Expenses			
Transfer payments to HSPs (Note 7)	**936,978,823**	**1,004,975,091**	952,882,369
General and administrative (Note 8)	**4,324,323**	**4,530,957**	4,619,051
E-Health (Note 9a)	-	**1,287,000**	600,000
Aboriginal Health Transformation Fund (Note 9b)	-	-	126,500
Emergency Department Lead (Note 9c)	-	**75,000**	75,000
Critical Care Lead (Note 9d)	-	**51,000**	-
Diabetes Fund (Note 9e)	-	**3,750**	25,000
French Language Services Fund (Note 9f)	**35,558**	**3,803**	36,942
French Language Health Planning Entities Fund (Note 9g)	-	**144,424**	-
	941,338,704	**1,011,071,025**	958,364,862
Annual surplus before funding repayable to the MOHLTC	-	**87,005**	-
Funding repayable to the MOHLTC (Note 10)	-	**(87,005)**	-
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

Erie St. Clair Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2011

	Budget (Unaudited) (Note 6)	2011 Actual	2010 Actual
	$	$	$
Annual surplus		-	-
Prepaid expenses incurred	-	12,347	19,653
Acquisition of capital assets	-	(47,460)	(6,847)
Amortization of capital assets	29,243	44,574	230,825
Decrease in net debt	29,243	9,461	243,631
Opening net debt	(76,951)	(76,951)	(320,582)
Closing net debt	(47,708)	(67,490)	(76,951)

Erie St. Clair Local Health Integration Network

Statement of financial position
as at March 31, 2011

	2011	2010
	$	$
Financial assets		
Cash	**849,512**	604,779
Due from Ministry of Health and Long-Term Care ("MOHLTC") (Note 7)	**4,331,253**	3,299,486
Accounts receivable	**58,627**	-
Due from the LHIN Shared Services Office (Note 3)	**6,499**	5,000
	5,245,891	3,909,265
Liabilities		
Accounts payable and accrued liabilities	**854,497**	607,213
Due to MOHLTC (Note 10b)	**55,755**	14,913
Due to Health Service Providers ("HSPs") (Note 7)	**4,331,253**	3,299,486
Due to the LHIN Shared Services Office (Note 3)	**4,386**	-
Deferred capital contributions (Note 4)	**67,490**	64,604
	5,313,381	3,986,216
Commitments (Note 13)		
Net debt	**(67,490)**	(76,951)
Non-financial assets		
Prepaid expenses	**-**	12,347
Capital assets (Note 5)	**67,490**	64,604
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

Erie St. Clair Local Health Integration Network

Statement of cash flows

year ended March 31, 2011

	2011	2010
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	**44,574**	230,825
Amortization of deferred capital contributions (Note 4)	**(44,574)**	(230,825)
	-	-
Changes in non-cash operating items		
Increase in due from MOHLTC	**(1,031,767)**	(2,718,886)
Increase in accounts receivable	**(58,627)**	-
Increase in due from LHIN Shared Services Office	**(1,499)**	(5,000)
Increase (decrease) in accounts payable and accrued liabilities	**247,284**	(73,143)
Increase in due to MOHLTC	**40,842**	-
Increase in due to HSPs	**1,031,767**	2,718,886
Increase (decrease) in due to LHIN Shared Services Office	**4,386**	(17,179)
Decrease in prepaid expenses	**12,347**	19,653
	244,733	(75,669)
Capital transactions		
Acquisition of capital assets	**(47,460)**	(6,847)
Financing transactions		
Increase in deferred capital contributions (Note 4)	**47,460**	6,847
Net increase (decrease) in cash	**244,733**	(75,669)
Cash, beginning of year	**604,779**	680,448
Cash, end of year	**849,512**	604,779

Erie St. Clair Local Health Integration Network

Notes to the financial statements

March 31, 2011

1. Description of business

The Erie St. Clair Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Erie St. Clair Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSPs") are expensed in the LHIN's financial statements for the year ended March 31, 2011.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Municipalities of Essex, Lambton and Chatham-Kent. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets and losses in the value of assets.

Ministry of Health and Long-Term Care Funding

The LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN financial statements do not include any MOHLTC managed programs.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. Unspent amounts are recorded as payable to the MOHLTC at period end. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of financial activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Cash

Cash includes cash on hand and balances with banks, net of bank overdrafts.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Office equipment	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of financial activities and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

2. Significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at the year end is recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

The LHIN Collaborative (the "LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system; their role as system manager; where appropriate, the consistent implementation of provincial strategy and initiatives; and the identification and dissemination of best practices. LHINC is a LHIN-led organization and accountable to the LHINs. LHINC is funded by the LHINs with support from the MOHLTC.

4. Deferred capital contributions

	2011	2010
	$	$
Balance, beginning of year	**64,604**	288,582
Capital contributions received during the year	**47,460**	6,847
Amortization for the year	**(44,574)**	(230,825)
Balance, end of year	**67,490**	64,604

5. Capital assets

			2011	2010
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Office equipment	**472,325**	**470,120**	**2,205**	4,412
Computer equipment	**108,599**	**71,032**	**37,567**	22,735
Leasehold improvements	**596,550**	**568,832**	**27,718**	37,457
	1,177,474	**1,109,984**	**67,490**	64,604

6. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported in the Statement of financial activities reflect the initial budget at April 1, 2010. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

HSP funding

	$
Initial budget	**936,978,823**
Adjustment due to announcements made during the year	**67,996,268**
Final HSP funding budget	**1,004,975,091**

LHIN operations

	$
Initial budget	**4,359,881**
Additional funding received during the year	**1,870,518**
Amount treated as capital contributions made during the year	**(47,460)**
Final LHIN operations budget	**6,182,939**

7. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $1,004,975,091 (2010 - $952,882,369) to various HSPs in its geographic area. The LHIN approved transfer payments to various sectors in 2011 as follows:

	2011	2010
	$	$
Operation of hospitals	**638,504,780**	612,202,122
Health infrastructure renewal fund - hospitals	**2,025,299**	2,150,982
Grants to compensate for municipal taxation - public hospitals	**163,650**	163,650
Long-term care homes	**168,841,929**	158,614,357
Community care access centres	**111,133,672**	105,344,964
Community support services	**16,085,420**	14,634,806
Assisted living services in supportive housing	**5,633,306**	5,293,339
Community health centres	**23,327,102**	17,794,278
Community mental health addictions programs	**9,590,687**	9,080,273
Community mental health programs	**29,669,246**	27,603,598
	1,004,975,091	952,882,369

The LHIN receives money from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2011, an amount of $4,331,253 (2010 - $3,299,486) was receivable from the MOHLTC and payable to the HSPs. These amounts have been reflected as revenue and expenses in the statement of financial activities and are included in the table above.

8. General and administrative expenses

The Statement of financial activities presents the expenses by function. The following classifies general and administrative expenses by object:

	2011	2010
	$	$
Salaries and benefits	**3,040,178**	2,958,376
Occupancy	**290,583**	217,512
Amortization	**44,574**	230,825
Shared services	**359,495**	362,714
Public relations	**68,825**	43,336
Consulting services	**148,601**	277,231
Supplies	**37,859**	33,141
Board Chair per diems	**55,650**	54,075
Board member per diems	**58,675**	64,450
Board member expenses	**67,052**	127,811
Mail, courier and telecommunications	**57,503**	62,072
LHIN Collaborative	**50,028**	12,286
Other	**251,924**	175,222
	4,530,947	4,619,051

9. a) E-Health

The E-Health office of the Ministry of Health and Long-Term Care provided $1,287,000 (2010 - $600,000) to the LHIN. The LHIN had a contract and retained services of the Consolidated Health Information Services ("CHIS") during 2011 and 2010 for the entire allotment of funding.

b) Aboriginal Health Transformation Fund

The MOHLTC provided the LHIN with $126,500 in 2010 directed from the Federal Government to be used in engaging the aboriginal communities for both the Southwest and Erie St. Clair LHINs. Both LHINs directed a portion of the funds to engage their respective aboriginal populations and gather and interpret information, while developing plans for their health care. All funds were expended.

c) Emergency Department Lead

The MOHLTC provided the LHIN with $75,000 (2010 - $75,000) to hire a LHIN representative for emergency department planning. Dr. David Ng incurred operating expenses totaling $75,000 (2010 - $75,000).

d) Critical Care Lead

The MOHLTC provided the LHIN with $75,000 (2010 - Nil) to hire a LHIN representative for critical care planning. Dr. Eli Malus incurred operating expenses totaling $51,000 resulting in a surplus of $24,000 which has been set up as a payable to the Ministry of Health and Long-Term Care.

e) Diabetes

The MOHLTC provided the LHIN with $35,000 (2010 – $25,000) to produce a Self-Management toolkit and incurred operating expenses totaling $3,750 (2010 – $25,000).

9. f) French Language Services

The MOHLTC provided the LHIN with $72,500 in 2010 to enhance French Language services information, of which $35,558 was deferred to 2011. The LHIN incurred operating expenses totaling $3,803 resulting in a surplus of $31,755 which has been setup as a payable to the Ministry of Health and Long-Term Care.

g) French Language Health Planning Entity

The MOHLTC provided the LHIN with $144,424 (2010 – Nil) to establish and fund a new entity on behalf of the Southwest and Erie St. Clair LHINs. All funds were expended.

10. Funding repayable to the MOHLTC

In accordance with the MLAA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Revenue	Expenses	2011 surplus	2010 surplus
	$	$	$	$
Transfer payments to HSPs	**1,004,975,091**	**1,004,975,091**	**-**	-
LHIN operations	**4,530,957**	**4,530,957**	**-**	-
E-Health	**1,287,000**	**1,287,000**	**-**	-
Diabetes Fund	**35,000**	**3,750**	**31,250**	-
French Language Services Fund	**35,558**	**3,803**	**31,755**	-
French Language Health Planning	**144,424**	**144,424**	**-**	-
Critical Care Lead Fund	**75,000**	**51,000**	**24,000**	
Emergency Department Lead	**75,000**	**75,000**	**-**	-
	1,011,158,030	**1,011,071,025**	**87,005**	-

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2011	2010
	$	$
Due to MOHTLC, beginning of year	**14,913**	14,913
Funding repayable to the MOHLTC related to current year activities (Note 10a)	**87,005**	-
Amounts repaid to MOHLTC during the year	**(46,163)**	-
Due to MOHLTC, end of year	**55,755**	14,913

11. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 25 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2011 was $213,717 (2010 - $201,003) for current service costs and is included as an expense in the Statement of financial activities. The last actuarial valuation was completed for the plan in December 31, 2010. At that time, the plan was fully funded.

12. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

13. Commitments

The LHIN has funding commitments to health service providers associated with accountability agreements. The LHIN had no funding commitments as of March 31, 2011.

The LHIN also has commitments under various operating leases related to building and equipment. Lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2012	195,081
2013	188,004
2014	180,204
2015	156,804
2016	91,469

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Ontario

Erie St. Clair Local Health Integration Network

Réseau local d'intégration des services de santé d'Érié St. Clair